

TABITHA KHADSE

Frontend Focused Full Stack Developer | Medical Billing and Data Analytics Specialist

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SUMMARY

Full stack developer and medical billing specialist with over 8 years of experience in healthcare revenue cycle management and data analytics. Skilled in React, Vue.js, REST APIs, SQL, and Python with a strong understanding of billing workflows, compliance, and data integrity. Experienced in SNF and radiology billing, denial management, and HIPAA-regulated systems. Passionate about building accessible, privacy-first web applications that improve healthcare operations and analytics. Recently completed a full-stack healthcare coordination dashboard demonstrating HIPAA and accessibility best practices.

TECHNICAL SKILLS

RCM and Billing: End to end claims management for UB-04 and CMS-1500 with clearinghouse submission, AR review and follow up (30/60/90), denial handling, appeals, COB, and ERA reconciliation. Familiar with HIPAA, medical necessity rules, and payer compliance. Experienced with managed Medicare, commercial, and coinsurance plans.

Analytics and Tools: SQL, Python (Pandas), Tableau, Power BI, Excel for reporting and dashboards. Data tracking for AR aging, denial trends, and revenue performance. Automation scripts for claim summaries and error tracking.

Frontend and Core Engineering: React, Vue.js, Tailwind CSS, Chart.js, Plotly, Node.js, Express.js, PostgreSQL (Drizzle ORM), JavaScript, TypeScript, Python, SQL, C.

Systems and Productivity: Healthcare systems: PointClickCare, Imagine V10, Availity, Waystar, Change Healthcare, EHR. Productivity: Microsoft Office, Asana, Jira, Slack, Teams. Experience coordinating with tech and billing teams for process improvement.

PROJECTS

MediTab Healthcare Coordination and Analytics Dashboard Capstone

React 18 | TypeScript | PostgreSQL | [Live Demo](#)

Role based access control across six user roles. MFA, audit logging, and PHI masking for HIPAA traceability. Keyboard navigation and high contrast mode for accessibility. Integration tests that cover auth, PHI masking, and export.

RCM Analytics Platform Denial Trend Dashboard

HTML and JS and Canvas | [Live Demo](#)

KPI dashboards for denial trends, AR aging, and net collection rate. Client side data filtering and dynamic charting.

Medical IT Solutions Dashboard Practice Management Simulation

Vanilla JS | Tailwind CSS | [Live Demo](#)

Single page prototype that simulates appointment, patient, and billing modules. Holistic KPI cards, interactive trend charts, and client side filtering.

FairyGlow Beauty E Commerce Analytics Dashboard

Vanilla JS | Chart.js | [Live Demo](#)

Multi page data views for products, orders, and customers with dark and light modes. Charts for sales velocity and customer segments.

ThroneDB Relational Database for Performance Analytics

PostgreSQL | SQL | [Code Repository](#)

Schema and query design for segmentation and performance trend analysis. Focus on query optimization and relational structure.

Family Hub Local First PWA

LocalStorage | JavaScript | [Live Demo](#)

Local only data model for privacy without accounts. Organizes meals, chores, and events with offline use.

Dashcam Viewer Offline PWA

IndexedDB | Offline Storage | Dual Camera | [Live Demo](#)

Offline dashcam player with calendar based browsing. Two feed layout for front and rear video.

PROFESSIONAL EXPERIENCE

Providence Healthcare Management | Ohio, Remote | Mar 2019 – Oct 2022

- Prepared and submitted high-volume managed care claims for SNF facilities using UB-04 and CMS-1500 forms.
- Performed triple-check reviews before submission to ensure coding accuracy, authorizations, and documentation compliance.
- Submitted claims via clearinghouse systems and payer portals, correcting rejections promptly.
- Conducted AR aging reviews (30/60/90 days), documenting patient accounts and ensuring timely follow-up.
- Entered contractual adjustments and detailed account notes to maintain accurate balances and compliance.
- Uploaded supporting documentation to patient accounts for appeals, audits, and payer correspondence.
- Resolved denials by preparing appeals with medical necessity documentation and payer-specific forms.
- Verified coordination of benefits (COB) for secondary insurance claims and ensured proper crossover handling.
- Reviewed EOBs/ERAs to confirm payer adjustments, contractual allowances, and denial reasons.
- Monitored timely filing limits to prevent claims from aging out and missing deadlines.
- Ensured compliance with managed Medicare, commercial, and coinsurance plan rules along with HIPAA regulations.

Richter Healthcare Consultants | Ohio, Remote | May 2017 – Mar 2019

- Verified eligibility and prior authorizations for managed Medicare, commercial insurance, and coinsurance plan claims.
- Submitted claims through clearinghouses and payer portals, reconciling rejections and discrepancies.
- Standardized denial management workflows and prepared appeals with supporting documentation.
- Documented all follow-up actions, contractual adjustments, and patient account activities.
- Uploaded clinical and payer documentation into patient accounts for full audit trails.
- Conducted AR reviews (30/60/90 days) to reduce outstanding balances and support collections.
- Ensured accurate coordination of benefits (COB) processing for secondary claims.
- Reviewed EOB/ERA remittances to identify trends, payer-specific issues, and appeal opportunities.
- Tracked and monitored timely filing deadlines, escalating claims nearing expiration.
- Collaborated with SNF billing teams to align processes with payer policy updates.

MSN Healthcare Solutions | Remote | Jun 2014 – May 2017

- Managed radiology billing for diagnostic and interventional services (X-ray, CT, MRI, ultrasound, nuclear medicine).
- Prepared claims with UB-04 and CMS-1500 forms using CPT 70000-series codes, applying modifiers (26, TC, 59, RT, LT) in compliance with NCCI edits and MPPR rules.
- Verified medical necessity (LCD/NCD) and payer-specific requirements prior to submission.
- Submitted claims via clearinghouses and payer portals, resolving rejections and denials.
- Entered contractual adjustments and documented account activity to maintain accurate AR.
- Uploaded payer correspondence and clinical documentation into patient accounts to support appeals.
- Conducted denial resolution including bundling, coding, and authorization issues.
- Reviewed EOBs/ERAs to verify payer adjustments and ensure reconciliation accuracy.
- Tracked timely filing requirements across multiple payers to maintain compliance.
- Coordinated with radiology coders, RIS, and PACS teams to ensure proper charge capture and claim integrity.

EDUCATION

M.S. Information Technology, University of the People Oct 2025 | GPA 3.97 | Capstone: MediTab. Coursework includes Machine Learning, Cybersecurity, HCI, Software Engineering, Databases, and Project Management.

B.S. Computer Science, University of the People Dec 2023. Coursework includes Data Mining, AI, Web Programming, Algorithms, Operating Systems, and Data Structures.

Diploma, Medical Billing and Coding Specialist, Sanford Brown College May 2008.

CERTIFICATIONS

Web and Front End: Intro to Front End Dev (Meta), Full Stack Bootcamp (Udemy). Cloud and AI: Generative AI (Microsoft), AI Chatbot (Coursera). Data and Analytics: Data Analysis with Python (freeCodeCamp), Tableau, R for Data Science, MATLAB. Healthcare and Billing: Certified Medical Reimbursement Specialist (CMRS, AMBA).

TARGET ROLES AND PORTFOLIO

Targeting Frontend Developer, Healthcare Data Analyst, Revenue Cycle Analyst, and Full Stack Engineer roles. Core value: bridging React and Python skills with healthcare domain knowledge for HIPAA and RCM workflows. Development focus: multiple PWAs using IndexedDB for offline functionality. Analytics impact: SQL and Python for identifying denial patterns and improving RCM operations. Portfolio and demos at code.tabitha.dev.